

1.) CORPORATION NAME:

BRAIN INJURY ASSOCIATION OF VIRGINIA, INC.

DUE DATE: **9/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

**R WILLSON HULCHER JR
200 SOUTH 10TH STREET
SUITE 1600**

SCC ID NO: **07135825**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1506 WILLOW LAWN DR., STE 212

CITY/ST/ZIP: RICHMOND, VA 23230-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOHN BALCONI
TITLE: DIRECTOR
ADDRESS: 6293 OLD FERRY ROAD
CITY/ST/ZIP/CO: HIWASSEE, VA 24347-

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OFFICER

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DIRECTOR

NAME: SHARON BRISTOW
TITLE: DIRECTOR
ADDRESS: PO BOX 2893
CITY/ST/ZIP/CO: TAPPAHANOCK, VA 22560-

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OFFICER

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DIRECTOR

NAME: BRETT BUTLER
TITLE: DIRECTOR
ADDRESS: 5801 BREMO ROAD
MOBS SUITE 603
CITY/ST/ZIP/CO: RICHMOND, VA 23226-

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OFFICER

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DIRECTOR

NAME: C. ELAINE JAFOLLA
TITLE: DIRECTOR
ADDRESS: 1001 HAXALL POINT
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

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OFFICER

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DIRECTOR

NAME: PATTI LANIER
TITLE: DIRECTOR
ADDRESS: 3805 ALSTON LANE
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-

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OFFICER

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DIRECTOR

NAME:	LORETTA LOVELESS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	245 CHESAPEAKE AVE		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23607-		
NAME:	ANNE H MCDONNELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7146 CHEROKEE ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23225-		
NAME:	EDWARD SCHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3810 AUGUSTA AVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230-		
NAME:	TONY GENTRY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8520 SUNVIEW LANE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23235-		
NAME:	BARBARA CARTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10720 RAMSHORN ROAD		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113-		
NAME:	KIMBERLY C MOORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	President Elect		
ADDRESS:	2007 W GRACE ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220-		
NAME:	MARTY DONLAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	200 SOUTH 10TH ST		
CITY/ST/ZIP/CO:	WILLIAMS MULLEN CENTER RICHMOND, VA 23219-		
NAME:	LIZ PERRY-VARNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5415 SUNRISE BLUFF CT		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230-		
NAME:	TERESA POOLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PAST PRESIDENT		
ADDRESS:	PO BOX 4602		
CITY/ST/ZIP/CO:	ROANOKE, VA 24015-		
NAME:	BARBARA BAUSERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1201 BROAD ROCK BLVD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23249-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HUGH RAWLINS		
TITLE:	DIRECTOR		
ADDRESS:	6204 JOSEPH WAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060-		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
<u>/s/ ANNE H MCDONNELL</u>		<u>ANNE H MCDONNELL, DIRECTOR</u>	<u>9/20/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			